CONBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the inventor

tion entitled: IMPROV	ED HAMMOCK AND SP	hich is claimed and for which a pa PREADING ROD	iginal, first and joint invento
the specification of which:	(check one)	READING ROD	ment is sought on the inven
is attached hereto	REGULAR OR DE	SIGN APPLICATION	
was filed on			
and was amended	on as application	n Serial No.	
·	on as application	(if applicable).	
	PCT FILED APPLICATION	NTERING NATIONAL STAGE ation No.PCT/AU04/000536	
claims, as amended by any ar	viewed and understand the contend the contend to th	ontents of the above identification	
I acknowledge the duty to disc Regulations, §1.56.	close information which is mat	erial to patentability as defined in	reconcation, including the
		f any foreign application(s) for pa application for patent or inventor ned.	
Country	Application		
A	Number	Date of Filing	Priority
Australia	2003901945	(day, month, year)	Claimed
Australia	2003903639	24.04.03	Yes
I hereby claim the benefit under	Till, or	16.07.03	Yes
tion(s) listed below: Application No.		16.07.03 119(e) of any United States providence	sional patent applica-
	Filing Date	Status (a double	•
(Complete this part only if this is a		Status (patented, pe	•
I hereby claim the benefit under a ject matter of each of the claims of provided by the first paragraph of patentability as defined in Title 37 of the prior application and the national contents of the prior application.	35 USC 120 of any United Strong this application is not disclored as USC 112, I acknowledge Code of Federal Regulations it international film	ates application(s) listed below ar sed in the prior United States app e the duty to disclose informations § \$1.56 which became available to g date of this application:	nd, insofar as the sub- dication in the manner in which is material to between the filing date
Application No.	Filing Date		•
	· mig Date	Clotes to 1	·

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Status (patented, pending abandoned)

POWER OF ATTORNEY

The undersigned hereby authorizes the U.S. attorney or agent named herein to accept and follow instructions from INTELLEPRO as to any action to be taken in the Patent and Trademark Office regarding this application without direct communication between the U.S. attorney or agent and the undersigned. In the event of a change in the persons from whom instructions may be taken, the U.S. attorney or agent named herein will be so notified by the undersigned.

As a named inventor, I hereby appoint the registered patent attorneys represented by Customer No. 000466 to prose-As a named inventor, I nereby appoint the registered patent attorneys represented by Customer No. UND466 to prosecute this application and transact all business in the Patent and Trademark Office connected therewith, including: Robert J. PATCH, Reg. No. 17,355, Andrew J. PATCH, Reg. No. 32,925, Robert F. HARGEST, Reg. No. 25,590, Benoît CASTEL, Reg. No. 35,041, Thomas W. PERKINS, Reg. No. 33,027, Roland E. LONG, Jr., Reg. No. 41,949,

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TRADEMARK OFFICE

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hereby declare that all statements made herein of my own knowledge are true and that all statements made on in-I hereby declare that all statements made herein or my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or TR of colo and :-

Full name of sole or first invento	DE BEAUMONT GREGORY LYONS
Inventor's signature:	
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Inventor's signature:	
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Post Office Address:	Calcenship:
Full name of third joint inventor, if	
Inventor's signature:	
	Date:
Post Office Address:	- The original in the control of the
Full name of fourth joint inventor, if	eny:
inventor's signature	
1 (C2)(CE)	Date:
Post Office Address:	Citizenship: